

<b>DMV USE ONLY</b>	REGISTRATION PLATE NUMBER	CLASS CODE <b>71</b>	APPROVED BY
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**TRANSPORTER'S REGISTRATION APPLICATION SUPPLEMENT**

E-211 REV. 7-2002

STATE OF CONNECTICUT  
**DEPARTMENT OF MOTOR VEHICLES**  
 DEALERS AND REPAIRERS DIVISION  
 TELEPHONE: (860) 263-5056 or 1056  
 ON THE WEB AT [ct.gov/dmv](http://ct.gov/dmv)



**Please type or print clearly.**

NAME OF APPLICANT <i>(Business Name)</i>		NAME OF CONTACT PERSON	
ADDRESS OF BUSINESS <i>(Number and Street)</i>	<i>(City or Town)</i>	<i>(State)</i>	<i>(Zip Code)</i>

TYPE OF BUSINESS	FEDERAL EMPLOYER IDENTIFICATION NUMBER <i>(Social Security Number if applicable)</i>	TELEPHONE NUMBER
ANNUAL ANTICIPATED FREQUENCY OF USE OF THE TRANSPORTER'S REGISTRATION		SALES TAX NUMBER

LIST TRANSPORTER'S REGISTRATION PLATES OF ALL OTHER CURRENT TRANSPORTER'S REGISTRATIONS IN APPLICANT'S NAME

LIST TYPE(S) OF VEHICLES FOR WHICH TRANSPORTER'S REGISTRATION WILL BE USED

INTENDED USE BY THE REGISTRANT OF THE PLATE FOR PERIODIC USE ON MOTOR VEHICLES OWNED BY, OR IN THE LEGAL CUSTODY OF, THE REGISTRANT.

**CERTIFICATION**

I DECLARE, UNDER PENALTY OF LAW, THAT I WILL USE THE TRANSPORTER'S REGISTRATION ONLY FOR THE USE(S) CHECKED ABOVE, THAT I WILL SUBMIT A NEW APPLICATION SUPPLEMENT FOR ANY CHANGE IN THE USE(S) OF THE TRANSPORTER'S REGISTRATION, AND THAT I HAVE READ AND WILL COMPLY WITH (DURING THIS AND ALL SUBSEQUENT REGISTRATION PERIODS) THE PROVISIONS OF SECTION 14-35 OF THE CONNECTICUT GENERAL STATUTES AND THE ASSOCIATED REGULATIONS PRINTED ON THE REVERSE SIDE OF THIS FORM. ANY USAGE THAT IS NOT IN ACCORD WITH THE STATED USE MAY SUBJECT THE TRANSPORTER REGISTRATION TO REVOCATION.

PRINTED NAME OF INDIVIDUAL SIGNING THIS FORM	POSITION WITH THE BUSINESS
AUTHORIZED SIGNATURE <b>X</b>	DATE SIGNED